

## **Application Data Sheet**

### **Application Information**

<b>Application Type::</b>	Regular
<b>Subject Matter::</b>	Utility
<b>Suggested classification::</b>	
<b>Suggested Group Art Unit::</b>	
<b>CD-ROM or CD-R?::</b>	None
<b>Computer Readable Form (CRF)?::</b>	No
<b>Title::</b>	PHOSPHOSPECIFIC PAK ANTIBODIES AND DIAGNOSTIC KITS
<b>Attorney Docket Number::</b>	034536-0220
<b>Request for Early Publication?::</b>	No
<b>Request for Non-Publication?::</b>	No
<b>Suggested Drawing Figure::</b>	1
<b>Total Drawing Sheets::</b>	2
<b>Small Entity?::</b>	No
<b>Petition included?::</b>	No
<b>Secrecy Order in Parent Appl.?::</b>	No

### **Applicant Information**

<b>Applicant Authority Type::</b>	Inventor
<b>Primary Citizenship Country::</b>	US
<b>Status::</b>	Full Capacity
<b>Given Name::</b>	Tod R.
<b>Family Name::</b>	Smeal
<b>City of Residence::</b>	San Francisco
<b>State or Province of</b>	CA
<b>Residence::</b>	
<b>Country of Residence::</b>	US



**Street of mailing address::** 801 Corbett Street, Apt. 9  
**City of mailing address::** San Francisco  
**State or Province of mailing address::** CA  
**Postal or Zip Code of mailing address::** 94131

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** Australia  
**Status::** Full Capacity  
**Given Name::** Marinella G.  
**Family Name::** Callow  
**City of Residence::** San Mateo  
**State or Province of Residence::** CA  
**Country of Residence::** US  
**Street of mailing address::** 2205 Bridgepointe Parkway  
**City of mailing address::** San Mateo  
**State or Province of mailing address::** CA  
**Postal or Zip Code of mailing address::** 94404

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** Morocco  
**Status::** Full Capacity  
**Given Name::** Bahija  
**Family Name::** Jallal  
**City of Residence::** Menlo Park  
**State or Province of Residence::** CA  
**Country of Residence::** US  
**Street of mailing address::** 101 O'Keefe Street  
**City of mailing address::** Menlo Park



**State or Province of mailing address::** CA  
**Postal or Zip Code of mailing address::** 94025

### Correspondence Information

**Correspondence Customer Number::** 22428  
**E-Mail address::** PTOMailWashington@Foley.com

### Representative Information

<b>Representative Customer Number::</b>	30543	
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### Domestic Priority Information

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This Application	An application claiming the benefit under 35 USC 119(e)	60/429,363	11/27/2002

### Foreign Priority Information

<b>Country::</b>	<b>Application number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>

### Assignee Information

**Assignee name::** Sugen, Inc.